

Application Data Sheet

LAP12 Rec'd PCT/PTO 21 APR 2006

**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: DENSE MORTAR BASED ON BINARY  
ETTRINGITE BINDER, COMPRISING  
AT LEAST ONE POLY(ALKYLENE  
OXIDE) COMB POLYMER AND AT  
LEAST ONE STRUCTURING ORGANIC  
RESIN  
Attorney Docket Number:: 0510-1135  
Request for Early  
Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 5  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: LORIS  
Middle Name::  
Family Name:: AMATHIEU  
Name Suffix::  
City of Residence:: SAINT-LAURENT-DE-MURE  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 83, AVENUE JEAN MOULIN  
Address::  
City of Mailing Address:: SAINT-LAURENT-DE-MURE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 69720

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: BRUNO  
Middle Name::  
Family Name:: TOUZO  
Name Suffix::  
City of Residence:: LYON  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 35, RUE DU DOCTEUR BONHOMME  
Address::  
City of Mailing Address:: LYON  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 69008

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: LIONEL  
Middle Name::  
Family Name:: RAYNAUD  
Name Suffix::  
City of Residence:: CORBELIN  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: HAMEAU LE MALLEIN  
Address::  
City of Mailing Address:: CORBELIN  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 38630

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: DINI  
Middle Name::  
Family Name:: GAUTHIER  
Name Suffix::  
City of Residence:: NIEVROZ  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 4, LOTISSEMENT LES BONNES  
Address::  
City of Mailing Address:: NIEVROZ  
State or Province of Mailing Address::

Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 01120

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/050529	10/22/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	03 50728	10/23/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::